

**SUMMER INSTRUCTIONAL
COACH PITCH BASEBALL LEAGUE
REGISTRATION FORM
ALEXANDRIA CITY RESIDENTS ONLY!**

YOUTH SPORTS
1108 JEFFERSON STREET
ALEXANDRIA, VIRGINIA 22314
703.746.5402

***\$30.00/child Birth certificates must accompany registration form ***
Age as of April 30, 2011

*** A COMPLETED REGISTRATION FORM WILL SECURE LEAGUE ENROLLMENT.**

MEDICAL INSURANCE

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

PARTICIPANT'S NAME _____

AGE _____ DOB _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ HOME # _____ WORK # _____

SCHOOL _____ GRADE _____

SHIRT SIZE _____ E-MAIL _____

WAIVER FORM

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING _____ TO PARTICIPATE IN THE SUMMER INSTRUCTIONAL BASEBALL PROGRAM, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM. PER THE CITY OF ALEXANDRIA POLICIES, REGISTRATION INFORMATION OF EACH PARTICIPANT IS PROVIDED TO THE ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES (ADRPCA) FOR RECREATION DEPARTMENT PROGRAMS ONLY.

SIGNATURE OF PARENT

(PRINT NAME)

DATE